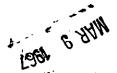
MISSOURI DI			VIS	ION OF HEA	ALTH - STANI	ARD	CERTI	FICATE	F DEATH		<u>, _</u> <u></u>	6 3 =0	369	996		
DO NOT WHITE	- AN T				BLIC ■ R	HEALTH AND WI	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	imary Reg	istration Distri	a No. 90 4	Registrar's	No. /2	5	STATE FI	LE NUMB	ER
DO NOT WRITE ON THIS STUB		AM	ENDE	D] =	FILED SE	25 1060	-		<u> </u>	II		-	<u> </u>		
VS 300		ם			'	a. COUNTY Ne	wton			•	a. STATE	MO . b	deceased liv	Newto		sidence before admission)
Rev. 4/59		AMENDED				OR	orporate limits, give TOWI	VSHIP on	· _ ·	th of stay in 1b	c. CITY OR TOWN	Veosho			·]	Inside Limits res □ Nott
10735		<u> </u>				c. FULL NAME OF (IF HOSPITAL OR INSTITUTIONS 2)	NOT in hospital, give loc e Memorial	ation)	nitel	Inside Limits Yest No [d. STREET ADDRESS	Route	•	give location)		leside on Farm
2/12/	¥/.	MA	Ш					1100			11					
3					*	. NAME OF DECEASED (Type or print)	VINA		Middle J₊		Lest BRAY	4. DATE OF DEATH	Septe	mber 2	Pay 20 .	1963
5 /	-					. sex emale	6. COLOR OR RACE White		larried ☑ N dowed □	ever Married [8. DATE OF 8	KIM > AGE (aar Dirinaay,	11 OHDER 1	YEAR	IF UNDER 24 HR Hours Min.
6	- -				10	during most of working	(Give kind of work done ng life, even if retired)	l	one	ESS OR INDUSTR		CE (City and stat		U.S.A		IAT COUNTRY
7 1	- 8	Ì	Ш		13	HOUSEWLIE B. FATHER'S NAME	<u> </u>	1 1/		'S MAIDEN NAM			. NAME OF	HUSBAND OR		
8 ()	뎐				12	Unknovn	IN U.S. ARMED FORCES	?		NOWN SECURITY NO.	17. INFORMAN		oel B	ray Address		
97954	RE AS				(Y	NO unknown) (If	yes, give war or dates o	serv			Noel Br	ay Rt.	#2 N	eosho		NAL BETWEEN
10	١٨			MENT	ļ	PART I.	(Enter only one cause per DEATH WAS CAUSED B		hamuna.	to be	#NATUR	AL CAUSI	ES#		ONSI	ET AND DEATH
11		EAU O		nooc				-			· .				•	
1292-8 136-0	THIS	NS I		_		which g above (stating (ons, if any, lave rise to cause (a), the under-tause last. DUE TO									
	O N				NOIT	PART II.	. OTHER SIGNIFICANT disease condition given	CONDITION IN PART	ONS CONTRIB	UTING TO DEAT	H but not relate	d to the termina	PART	III. If decea	sed wa regnancy	s female was in last 90 days.
	Ĕ				FICAT	Coroner o	of Newton C							☐ Yes	□ No	☐ Unknown
	AMENDMENTS				CERTI	19. WAS AUTOPSY PERFORMED? YES ☐ NO □	20a. ACCIDENT SUICI	DE HO	MICIDE 2	06. DESCRIBE HO	W INJURY OCCU	RRED. (Enter natu	re of injury i	n PART I or P	ART, II of	item 18.)
y o	AME				EDICAL	20c. TIME OF Hour INJURY a.m. p.m.	Month, Day) Year	`:					· · ·			<u> </u>
K INK RIBBON					2	20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT V	ED 20e. PLAC farm,	E OF INJ factory,	URY (e.g., in c street, office b	r about home, Idg., etc.)	20f. CITY, TOWN	, OR LOCATION		COUNTY		STATE
BLACK OR RITER RI		EAU				21. I attended the de-	ceased from Did		atter	1 d		_and last saw h	er im alive on	,		
™ ¥		፭				Death occurred at		0:	15 P.	m on th	e date stated abo	ve, and to the be	st of my kno	wledge, from	the caus	
USE BLAC OR TYPEWRITER		SHOULD KEAD		IT OF		221. SIGNATURE	· \-< 1\	K a •••••••	Regist	rar	22b. ADDRESS	Neosi	10, M <u>i</u>	venue ssour:		20 DATE SIGNED
-		j Z	+	AFFIDAVIT	23	BUT 131	9/24/63	23		F. Cent		23d. LOCATIO		on, or county)		(State)
		E E	.	3Y AF	24	FUNERAL DIRECTOR	A	DRESS		25. DA	TE BECD, BY 100	AL REG. 20. R	EGISTRAR'S S		2	020
	1 (-	1 1	۳	I _	<u>crark rune</u>	eral Home	Meo			ment on Reverse S	iide)	YHU	CALLY.	<u> </u>	~~/~~



STATEMENT BY LICENSED EMBALMER

	name is reco	rded on th	he reverse side of this certificate was embalmed by me,
or by			, Student Embalmer No
working under my personal supervision.	•	#* 1 *	
Student	· 	Sianed	H. Wayne Leven
Signature of Student Embelmer	_		
	. .		Licensed Embalmer No. <u>5191</u> 632 Park Street
	٠. ٠		P. O. Address <u>Neosho</u> , <u>Missour</u>

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.